

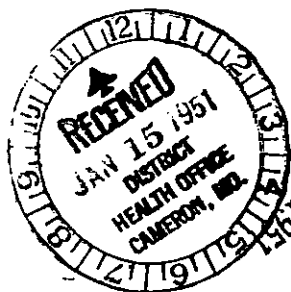
FILED JAN 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1860

BIRTH NO. _____		REG. DIST. NO. 210		PRIMARY REG. DIST. NO. 5774		Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY Mercer				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mercer			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ravanna				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ravanna			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) Vint		b. (Middle) E.		c. (Last) McKay	
4. DATE OF DEATH		1-6-51		5. SEX male		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 10-20-1886		9. AGE (In years last birthday) 64		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mercer Co., Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William McKay		13b. MOTHER'S MAIDEN NAME Rachel Cox		14. NAME OF HUSBAND OR WIFE Mattie McKay		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mattie McKay		18. ADDRESS Ravanna, Mo		19. INTERVAL BETWEEN ONSET AND DEATH	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot wound ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) I skull fracture DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Bullet at base of brain & fractured skull				21. HOW DID INJURY OCCUR?	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide on his farm		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Ravanna, Mo		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ravanna, Mercer, Mo		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
21d. TIME OF INJURY Jan 6, 1951-5P.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23a. SIGNATURE C. A. Dickert M.D. Coroner		23b. ADDRESS Princeton, Mo	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1-9-51		24c. NAME OF CEMETERY OR CREMATORY Ravanna		24d. LOCATION (City, town, or county) (State) Mercer Co., Mo	
DATE REC'D BY LOCAL REG. 1-9-51		REGISTRAR'S SIGNATURE M. J. Keith		25. FUNERAL DIRECTOR'S SIGNATURE Noel Moss		ADDRESS Princeton, Mo	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

_____, Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No. 2634

P. O. Address Emmerton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.